



Health Services
LOS ANGELES COUNTY

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October 16, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

A. Mahajan

**SUBJECT: QUARTERLY STATUS REPORT ON HEALTHY WAY
LA ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched program. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates.

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Programs. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA Matched program, we had agreements with 54 CP agencies representing 154 clinic sites. With the Ryan White/HWLA transition and the Request for Information (RFI) process, our total non-DHS HWLA program network now consists of 63 CP agencies and 229 clinic sites.

Overall HWLA Enrollment: As of October 1st, our total enrollment of HWLA matched patients was 275,338 individuals. Overall enrollment has grown in the past quarter; as losses in redeterminations were outpaced by new enrollments and auto-enrollments. DHS is on target to meet its goal of enrolling 300,000 members into HWLA by December 2013.

DHS and DPSS Partnership: LA County received State approval to defer the redeterminations of HWLA members due to renew in October,

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

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November or December 2013. As a result, starting on October 1, 2013, there were no new redeterminations for the HWLA mail-in redetermination unit to process. Over the course of the nine-month project between Department of Public Social Services (DPSS) and DHS, the unit processed over 43,000 redeterminations, alleviating a significant burden on our facilities and clinics and improving our redetermination success rate to an average of 45%.

This unit has shifted focus to work on processing new enrollments and re-enrollments. DHS created an application for new enrollment, specifically for individuals that have not previously applied or accessed our system. In addition, DHS and DPSS are pursuing outreach strategies to target re-enrollment of HWLA members who have lost coverage for failure to redetermine over the past 15 months. DHS specifically created and mailed out a streamlined application for these individuals during the month of September. Lastly, DHS and DPSS targeted over 30,000 In-Home Supportive Service (IHSS) providers who do not qualify for health coverage because they do not meet the minimum work hour requirement via mail. The goal of these targeted outreach efforts is to increase the number of people covered by HWLA without increasing the workload or foot traffic in DHS or CP facilities just for enrollment into the program.

This new application is also being utilized to target other likely eligible residents of Los Angeles who are low-wage or part-time workers, such as taxi drivers, artists, and child care workers. DHS is working closely with SEIU 721 to identify additional populations. The application is available on the DHS website in both English and Spanish for the general public.

Additional HWLA Enrollment Strategies:

Two DHS facilities, LAC+USC Medical Center and the High Desert Multi-Ambulatory Care Center, are investing additional resources to conduct weekly HWLA enrollment events on Saturdays that are open to the public. The goal of these weekly enrollment events is to create additional access points for people to apply for HWLA, even if they do not immediately need care, or have an appointment at one of our facilities.

The "Everyone on Board" coalition, which DHS and the CEO launched on January 15, 2013, continues to both expand its membership and meet regularly. The coalition is comprised of representatives from DHS, DPSS, DMH, DPH, and about 45 advocacy groups around the County. The coalition is now focusing its efforts on organizing community outreach and enrollment events on the Affordable Care Act (ACA) throughout Los Angeles County, with the goal of helping individuals understand health care reform within their own communities and to help people enroll in a coverage program under the ACA. The coalition is organizing outreach events large and small throughout the County, from appearing at book fairs to organizing town hall events. DHS also participated in a health care reform training for Los Angeles City and County librarians, so that libraries are prepared to answer questions and provide information to patrons related to the ACA. A master calendar of all health care reform and enrollment events, whether organized by "Everyone on Board" members or other organizations, will be posted on the DHS website under the new "Health Care Reform and You" page shortly. In addition, the coalition is working in partnership with the Department of Consumer Affairs to develop

materials to help people both avoid and report health care reform related fraud that has already begun to be reported.

The coalition's "Health Care Reform and You" brochure has been provided to all clinics and hospitals throughout the DHS system and is being used throughout the County. It has also been translated into Spanish, Chinese, Armenian, Korean and Tagalog. The brochures are available on the "Health Care Reform and You" page on the DHS website (<http://dhs.lacounty.gov/wps/portal/dhs/healthreformandyou>) and will be uploaded to the LA County Helps website soon.

LIHP Transition and Critical Crossroad:

Member Communication

On October 1, 2013, the "General Transition Notice", created by the State Department of Health Care Services (DHCS) was sent out to all enrolled HWLA members by DHS. This letter is the first official communication HWLA members will receive about the HWLA to Medi-Cal transition. It informs them that they can keep their current provider and medical home (in almost all cases), that there are not changes to their current benefits and no immediate action is required on their part. It also provides contact information if they have additional questions. For the larger DHS facilities, we also included a campus map with the member services location(s) where they could go in-person to ask questions. This letter is the first of seven pieces of correspondence HWLA members will receive about the transition over the next four months.

This letter will be posted, in multiple languages, on the HWLA website under the "Transition to Medi-Cal" section. The revised version of the HWLA website (<http://dhs.lacounty.gov/hwla>) went live on schedule during the last week of August. The site will continue to be updated with additional information about the transition and several of the pages are currently being translated into Spanish.

In addition to receiving the letters, DHS will be conducting several automated telephone calls to all HWLA members with a valid phone number about the transition to Medi-Cal. These are scheduled to occur during the months of October, November and December. Each month the information in the outbound call will inform them about the correspondence they will receive that month, what to do if they do not receive the correspondence, who to call if they have questions, and remind them that they do not need to take any action if they want to keep their existing provider. The goals of the calls are to reiterate the keys messages around the transition, to provide reassurance, to reach members who are homeless, and to contact members who did not receive the correspondence.

Staff Trainings and Facility Readiness

During the last two weeks of August 2013, 18 web-based trainings targeted for key front-line registration and financial services staff at both DHS and DMH facilities were conducted on the HWLA transition to Medi-Cal. An estimated 800 people were trained through this process.

During the month of September, approximately 40 in-person trainings were held at DHS facilities during regularly scheduled leadership and staff meetings, reaching over 1,000 staff from all levels and classifications such as nurses, physicians, lab technicians, pharmacists, clerks, medical record coders, financial services, member services and registration. There are currently 20 additional in-person trainings scheduled at additional DHS facilities this month.

In addition, HWLA staff did an all-day training at LAC+USC Medical Center on September 30, 2013 with presentations every hour, on the hour, starting at 6 am and ending at 7:00 p.m. Approximately 700 people attended throughout the day. Similar all-day trainings will be conducted at Harbor-UCLA Medical Center and Olive View-UCLA Medical Center during the month of October. During the month of September 2013, five trainings (three web-based and two in-person) were held for the Community Partners and three trainings were provided to DMH staff.

The first set of transition informational materials has been finalized and is currently being printed. They include large and small posters for the facilities to display, a quick reference guide for staff to use in conversation with patients, and brochures for patients. The target date for delivery to DHS, DMH and CP facilities is late-October.

Health Plan Coordination

DHS continues to meet regularly with the health plans (L.A. Care and Health Net) to discuss issues related to medical home assignment and continuity of care. L.A. Care and DHS are also working directly with a very small number of CP clinics who do not have managed care contracts with either L.A. Care or Health Net to ensure a smooth transition for these patients (affecting approximately 150 HWLA patients). In addition, L.A. Care and DHS have retained full-time project management consultants to assist in the transition to ensure that all internal and State deadlines are met throughout the transition period. We will keep the Board apprised of any future developments.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We began the eConsult roll-out on July 18, 2012. As of October 11, 2013, we currently have the following 13 specialties on eConsult: Cardiology, Dermatology, Diabetes, Endocrinology, Gastroenterology, Gynecology, Hepatology, Nephrology, Neurology, Obstetrics, Ophthalmology, Podiatry, and Urology. To date, over 1,200 primary care providers have been trained and are using the eConsult system, which includes all 40 of the DHS facilities and 92 CP clinic sites. More than 36,000 eConsults have been exchanged through the system. The show rate remains around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70%.

In addition, the Department continues to work closely with Health Management Associates, Health Care LA IPA and Altamed IPA to establish the contractual, billing and referral

mechanisms necessary to ensure that HWLA and other Medi-Cal patients have access to DHS specialty care providers in a managed care environment after January 1, 2014. Steady progress continues to be made on all efforts.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

As you know, an important component of the Section 1115 Medicaid Waiver is the Delivery System Reform Incentive Program (DSRIP), a pay-for-performance initiative that challenges public hospital systems to meet specific benchmarks related to improving health care access, quality and safety and outcomes. On September 30, 2013, DHS successfully delivered the final report on Demonstration Year (DY) 8 (July 2012 through June 2013) of the program. There are five major DSRIP program categories, which include: improving our system's infrastructure to provide care, implementing innovations such as the medical home and co-located mental and physical health clinics, measuring population health, improving clinical inpatient quality, and optimizing the delivery of HIV care. DHS successfully surpassed performance targets on 62 of 64 milestones yielding approximately \$269.5M in incentive payments.

Also in the past few months, the Centers for Medicare & Medicaid Services (CMS) and the State have worked with DHS and other public hospital systems in conducting a mid-point assessment of the DSRIP. As part of this assessment, CMS and the State have developed a revised methodology for setting benchmarks for improvement in the inpatient quality projects (Category 4) for DY9 and DY10. The new methodology sets more aggressive improvement targets based on available national and state benchmarks. In addition, CMS encouraged health systems to set even higher performance targets for other category projects in DY9 and DY10 as well. DHS is working hard to meet these new milestone benchmarks in the final two years of the program. We look forward to reporting back to the Board on our progress when we prepare our DY9 mid-year report in March 2014.

NEXT STEPS

As directed by the Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is January 15, 2013. If you have any questions, please contact me or Tangerine Brigham, Deputy Director of Managed Care Services, at (213) 240-8182.

MHK:jp

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services